

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		4				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
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16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24	1					
25		1				
26		2				
27		2				
28		2				
29		2				
30		0				
31		2				
32		1				
33		0				
34		0				
35		0				
36						
37	1					
38		1				
39		2				
40						
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47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	47	←		←		←
TOTAL CLAIMS	49					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						